

Thank you for offering your services as a volunteer within the Shelby County Division of Corrections (SCDC). Please read the following questions carefully and type or clearly print your answers to each before signing.

FOR OFFICE USE ONLY:
DATE RECEIVED: _____
ID # _____ INT: _____

Name: _____, _____, _____ LAST FIRST M	DOB: ____/____/____
Driver's License #: _____, State: _____	SSN#: _____
Home Address: _____	Race: _____ Sex: _____
City: _____, State: _____ Zip Code: _____	Telephone #: _____

Employer: _____ Occupation: _____

Address: _____ Supervisor: _____

City: _____, State: _____ Zip Code: _____ Telephone #: _____

Job Duties: _____

Emergency Contact Person: _____ Telephone #: _____

Answers to the following questions will be considered for volunteer services purposes relevant to the assignment for which you are applying. Answering “yes” to any of the following questions will not automatically disqualify you as a volunteer.

Have you ever been convicted of a crime, or are there any criminal charges currently pending against you? (Exclude minor traffic violations) Yes _____ No _____

If “yes”, please explain: _____

Have you been arrested within the last ten years? Yes _____ No _____

If “yes”, please explain: _____

Are you related to any SCDC inmate: Yes _____ No _____

If “yes”, please explain.

INMATE NAME	R&I NUMBER	RELATIONSHIP
_____	_____	_____

Level of Education ()GED ()HS Diploma ()Undergraduate Degree ()Masters ()Other

Please indicate below the category of service(s) in which you would be most interested in volunteering.

- | | |
|--|--|
| <input type="checkbox"/> Administrative: | Internship, Clerical, Secretarial, |
| <input type="checkbox"/> Spiritual: | Lead Worship, Lead Bible Study, Revival, Gospel Concert(s) |
| <input type="checkbox"/> Counseling: | Marriage and Family, Prerelease, Domestic Violence, Parenting, Mentoring |
| <input type="checkbox"/> Education: | Literacy, Languages, Vocational, Tutoring, Librarian |
| <input type="checkbox"/> Professional: | Legal Aid, Medical, Job Placement |
| <input type="checkbox"/> Recreation: | Arts and Crafts, Entertainment, Sports |
| <input type="checkbox"/> Support: | Letter Writing, Visiting, Collecting/Donating items. |
| <input type="checkbox"/> Other: | Please specify _____ |

Preferred Shift: Mornings, Afternoons, Evenings Time(s): _____

Days Available: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday [] All

Length of Commitment/Hours : ☐ 1-2 ☐ 2-4 ☐ 4-6 ☐ 6-8 ☐ 8-10 ☐ 10+ ☐ Weekly ☐ Monthly

List hobbies, interest, special skills and other agencies in which you have served as a volunteer.

REFERENCES

Please list two persons (other than family) who can evaluate your potential for volunteer service:

Name: _____ Telephone #: _____

Address: _____ Years Known: _____
STREET CITY, STATE, ZIP CODE

Name: _____ Telephone #: _____

Address: _____ Years Known: _____
STREET CITY, STATE, ZIP CODE

CERTIFICATION

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination. All statements made on this application, including employment information, are subject to verification as a condition of volunteer services. I hereby give my permission for SCDC to verify any information included in this application.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

COMMENTS:

SIGNATURE

APPROVED
DATE

NOT APPROVED

CRIMINAL RECORD:
EMPLOYMENT:
REFERENCES: